

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 743172 (9)  
1. Corporation Name  
PROPERTY OWNER'S ASSOCIATION OF HUNTINGTON, INC.



Principal Place of Business 5420 SE 17TH ST OCALA FL 34471 US		Mailing Address 2151 SE 52ND CT OCALA FL 34471 US		3. Date Incorporated or Qualified 06/08/1978	
2. Principal Place of Business 21 5141 SE 18 <sup>th</sup> ST. Suite, Apt. #, etc.		2a. Mailing Address 28 5141 SE 18 <sup>th</sup> ST. Suite, Apt. #, etc.		4. FEI Number 59-0370570	
22 City & State 23 Ocala FL		27 City & State 28 Ocala FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34471		25 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29 Zip 34471		30 Country USA		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MCCALL, WAYNE C. 5380 S.E. 18TH. LANE P.O. BOX 1148 OCALA FL 32670 AW				10. Name and Address of New Registered Agent			
81 Name MONICA COBINE		82 Street Address (P.O. Box Number Not Acceptable) 5141 SE 18 <sup>th</sup> ST.		83		84 City OCALA FL	
						85 Zip Code 34471	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Monica Cobine* DATE 3-1-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, VIRGINIA		1.2 NAME	WALTER SCHILBE	
STREET ADDRESS	5420 SE 17TH STREET		1.3 STREET ADDRESS	5341 SE 18 <sup>th</sup> LN	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILBE, WALTER		2.2 NAME	Bill SPEAR	
STREET ADDRESS	5341 SE 18 LANE		2.3 STREET ADDRESS	4960 SE 17 <sup>th</sup> ST	
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVE		3.2 NAME	MONICA COBINE	
STREET ADDRESS	5061 SE 18TH ST		3.3 STREET ADDRESS	5141 SE 18 <sup>th</sup> ST.	
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODSKY, BOB		4.2 NAME	VIRGINIA FLOWERS	
STREET ADDRESS	5380 SE 18TH LANE		4.3 STREET ADDRESS	5420 SE 17 <sup>th</sup> ST.	
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, DAVE		5.2 NAME	DONALD TODD	
STREET ADDRESS	5061 SE 18TH ST		5.3 STREET ADDRESS	5440 SE 21 <sup>st</sup> LN	
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP	OCALA FL 34471	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELHANEY, SHARLA		6.2 NAME	ANITA CATALANOTTO	
STREET ADDRESS	5450 SE 17TH STREET		6.3 STREET ADDRESS	1851 SE STATE TERR	
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP	OCALA FL 34471	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Monica Cobine* DATE: 3-1-98 (352)624-3616

CFR2037 (10/97)